

**Prepared by: Benefits and Entitlements Team, January 30, 1995
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**For Additional Information: (703) 696-6301 or DSN 426-6301
FAX: (703) 696-4705 or DSN 426-4705**

Initial Decision & Reconsideration for FEGLI\FEHB\Premium Conversion

A Guide for Human Resources Specialists

**Defense Civilian Personnel Management Service
Field Advisory Services Division
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144**

Issuing Denials of Enrollment Under the Federal Employees' Group Life Insurance (FEGLI) Program

Agency Responsibilities

Guidance on reconsidering initial decisions denying life insurance coverage, the opportunity to change coverage, or the opportunity to assign insurance is set forth at 5 CFR 870.105. When an agency receives an employee's Life Insurance Election Form, SF 2817, or the employee otherwise requests a change in coverage, a decision whether or not to accept the employee's change in life insurance coverage must be made. By law, basic life insurance coverage is automatic unless the employee waives it. Employees who have basic life insurance coverage may elect or decline optional coverage. The circumstances under which an employee's previous waiver of basic life insurance or declination of optional life insurance may be canceled and the effective dates of changes in coverage are set forth in Part 870 of Title 5 CFR. Additional guidance is provided in the FEGLI Handbook for Employees, Annuitants, Compensationers, and Employing Offices (RI 76-26).

If the agency decides the employee is not eligible to elect coverage or to make a change, it must give the employee a written decision denying coverage or the opportunity to change. Sample letters are provided in Attachments 1 and 2. This decision, which is the initial decision, should be issued on agency letterhead, with a telephone number for the agency point of contact. It should contain the following information:

- ◆ an explanation of the reason(s) for the denial of coverage or opportunity to change
- ◆ the right to request reconsideration
- ◆ the procedures for requesting reconsideration
- ◆ the time limit for requesting reconsideration
- ◆ the address of the office making reconsideration decisions

A request for reconsideration must:

- ◆ be made in writing
- ◆ include the employee's name, address, date of birth, social security number, and reason(s) for request
- ◆ include a copy of the initial decision

Time Limit

A request for reconsideration of an initial decision must be filed within 30 **calendar** days from the date of the written decision stating the right to reconsideration. For this purpose, filing means date of postmark. A facsimile will be accepted for meeting the time limit but the original request must be received before final action on the request will be taken.

The request for reconsideration must be sent to:

Defense Civilian Personnel Management Service
Field Advisory Services Division
Benefits & Entitlements Branch
Attn: DoD Insurance Officer
1400 Key Boulevard
Suite B-200
Arlington, VA 22209-5144

Facsimile number: DSN 426-4705
Commercial 703-696-4705

SAMPLE

Ms. Scarlet O'Hara
Tara Estates
Atlanta, GA 00000

Dear Ms. O'Hara:

On (date) we received your Standard Form (SF) 2817, Life Insurance Election form to enroll for Basic coverage in the Federal Employees' Group Life Insurance (FEGLI) Program.

You filed a completed SF 2817 waiving all life insurance coverage on (date). The FEGLI Handbook (RI 76-26) states that an employee who previously waived basic insurance or declined the standard optional insurance or additional optional insurance may cancel the waiver or declination if the following conditions are met: At least one year has elapsed between the effective date of the waiver and the date of the request for insurance, and the employee furnishes satisfactory medical evidence of insurability. Since one year has not elapsed from the date you elected to waive your insurance coverage, we cannot allow your request for enrollment at this time.

If you wish to request reconsideration of our decision to deny your enrollment to register in FEGLI, you must write to the Defense Civilian Personnel Management Services (DCPMS). Your request must include your name, address, date of birth, Social Security number, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration must be submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B 200, Arlington, VA 22209-5144. The telephone number for the facsimile transmission is DSN 426-4705 or (703) 696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely

Attachment 1

SAMPLE

Mr. Bruce Wayne
100 Mansion Road
Gotham, NY 00000

Dear Mr. Wayne:

On (date) we received your completed Standard Form (SF) 2817, Life Insurance Election form to elect Family Optional Insurance because of your marriage on (date).

The FEGLI Handbook (RI 76-26) states that an employee enrolled for basic insurance who has declined the family optional insurance may elect it upon his/her marriage. In order to be valid, the election must be received in the employing office on the SF-2817 within 60 days following the date of the marriage.

Our record shows that you were informed of the requirements to elect the Family Optional Insurance. Since you failed to submit your completed SF 2817 within 60 days following your date of your marriage, we cannot accept or permit your enrollment for the Family Optional Insurance.

You may request reconsideration of our decision to deny your enrollment by writing to the Defense Civilian Personnel Management Services (DCPMS). Your request must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your letter must include your name, address, date of birth, Social Security number, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B 200, Arlington, VA 22209-5144. The telephone number for facsimile transmission is DSN: 426-4705 or (703) 696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely,

Attachment 2

Issuing Denials of Enrollment Under the Federal Employees Health Benefits (FEHB) Program

Agency Responsibilities

Guidance on reconsidering initial decisions denying enrollment and changes in enrollment is set forth at 5 CFR 890.104. When an agency receives an employee's SF 2809 (or when an employee otherwise requests a change in enrollment), a decision whether or not to accept the employee's health benefits election must be made. The events that allow employees to enroll or change enrollment, and the timeframes within which the changes may be made are set forth in 5 CFR 890.301 and additional guidance is provided in the FEHB Handbook

If the agency decides to deny coverage or change of enrollment, it must give the employee a written decision refusing the employee's election to enroll or to change enrollment. Sample letters are provided in Attachments 3 and 4. This decision, which is the initial decision, should be issued on agency letterhead, with a telephone number for the agency point of contact. It should contain the following information:

- ◆ an explanation of the reason(s) for the denial or change in enrollment
- ◆ the right to request reconsideration
- ◆ the procedures for requesting reconsideration
- ◆ the time limit for requesting reconsideration
- ◆ the address of the office making reconsideration decisions

A request for reconsideration must:

- ◆ be made in writing
- ◆ include the employee's name, address, date of birth, social security number, name of carrier, and reason(s) for the request
- ◆ include a copy of the initial decision

Time Limit

A request for reconsideration of an initial decision must be filed within 30 **calendar** days from the date of the written decision stating the right to reconsideration. For this purpose, filing means date of postmark. A facsimile will be accepted for meeting the time limit but the original request must be received before final action on the request will be taken.

The request for reconsideration must be sent to:

Defense Civilian Personnel Management Service
Field Advisory Services Division
Benefits & Entitlements Branch
Attn: DoD Insurance Officer
1400 Key Boulevard
Suite B 200
Arlington, VA 22209-5144

Facsimile number: DSN 426-4705
Commercial 703 696-4705

SAMPLE

Mr. John Doe
0000 Any Street
Anytown, VA 00000

Dear Mr. Doe:

On (date) we received your completed Standard Form (SF) 2809, Health Benefits Registration Form, requesting coverage because (give a reason) e.g., your husband was discharged from military active duty on (date) and you were no longer covered under his enrollment in CHAMPUS.

(Cite the regulations(s)) e.g., Title 5, Code of Federal Regulations, section 890.301 (i) allows an employee to enroll or change enrollment within the period beginning 31 days before and ending 60 days after the date of loss of coverage.

Your request is denied, because you failed to submit your completed SF 2809 within the time limit allowed by the regulations. Therefore, we cannot accept or permit an enrollment at this time.

You may request reconsideration of our decision to deny your enrollment by writing to the Defense Civilian Personnel Management Services (DCPMS). Your request must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your letter must include your name, address, date of birth, Social Security number, name of carrier, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. The telephone number for facsimile transmission is DSN 426-4705 or 703-696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely,

Attachment 3

SAMPLE

Mr. Clark Kent
100 Main Street
Smallville, KS 00000

Dear Mr. Kent:

On (date) we received your Standard Form (SF) 2809, Health Insurance Registration form requesting enrollment in Federal Employees Health Benefits (FEHB) during open season. The reason you cited for the late registration was that you were out of town and missed the due date.

(Cite the regulation(s)) e.g., Title 5, Code of Federal Regulations, section 890.301(c) states that when an employing office determines that an employee was unable, for cause beyond his or her control, to enroll or change the enrollment within the time limits, the employing office may allow the employee to make a late election. The reason you provided does not appear to be “cause beyond your control.” Therefore, your request for belated enrollment is denied.

You may request reconsideration of our decision to deny your enrollment by writing to the Defense Civilian Personnel Management Services (DCPMS). Your request must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your letter must include your name, address, date of birth, Social Security number, name of carrier, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. The telephone number for facsimile transmission is DSN 426-4705 or 703-696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely,

Attachment 4

Issuing Denials of Participation in the Health Insurance Premium Conversion Plan

Agency Responsibilities

Guidance on reconsidering initial decisions affecting an employee's participation in the premium conversion plan is set forth at 5 CFR 892.103 and 5 CFR 890.104. When an agency receives an employee's request to participate or waive participation in premium conversion, a decision whether or not to accept the employee's request must be made. The events that allow employees to participate or waive participation, and the timeframes within which allow these changes are set forth in Part 892 of Title 5 CFR. Additional guidance can be found in the FEHB Handbook.

If the agency decides to deny the employees request to participate or waive participation in premium conversion, it must give the employee a written decision refusing the employee's election. Sample letters are provided in Attachments 5 and 6. This decision, which is the initial decision, should be issued on agency letterhead, with a telephone number for the agency point of contact. It should contain the following information:

- ◆ an explanation of the reason(s) for the denial of participation or waiver of participation
- ◆ the right to request reconsideration
- ◆ the procedures for requesting reconsideration
- ◆ the time limit for requesting reconsideration
- ◆ the address of the office making reconsideration decisions

A request for reconsideration must:

- ◆ be made in writing
- ◆ include the employee's name, address, date of birth, social security number, and reason(s) for the request
- ◆ include a copy of the initial decision

Time Limit

A request for reconsideration of an initial decision must be filed within 30 **calendar** days from the date of the written decision stating the right to reconsideration. For this purpose, filing means date of postmark. A facsimile will be accepted for meeting the time limit but the original request must be received before final action on the request will be taken.

The request for reconsideration must be sent to:

Defense Civilian Personnel Management Service
Field Advisory Services Division
Benefits & Entitlements Branch
Attn: DoD Insurance Officer
1400 Key Boulevard
Suite B 200
Arlington, VA 22209-5144

Facsimile number: DSN 426-4705
Commercial: (703) 696-4705

SAMPLE

Miss Sun Flower
8855 Spring Street
Summertime, VA 00000

Dear Miss Flower:

On (date) we received your request to waive participation in premium conversion because (give a reason) e.g., your foster child became eligible for Medicaid on (date).

(Cite the regulations(s)) e.g., Title 5, Code of Federal Regulations, section 892.205 (d) allows an employee to waive participation in premium conversion 60 days after the date of a qualifying life event.

Your request is denied, because you failed to submit your waiver within the time limit allowed by the regulations. Therefore, we cannot accept or permit your waiver of participation in premium conversion at this time.

You may request reconsideration of our decision to deny your waiver of participation in premium conversion by writing to the Defense Civilian Personnel Management Services (DCPMS). Your request must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your letter must include your name, address, date of birth, Social Security number, name of carrier, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. The telephone number for facsimile transmission is DSN 426-4705 or 703-696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely,

Attachment 5

SAMPLE

Mr. Coffee Maker
100 Buzz Street
Java Ville, TN 00000

Dear Mr. Maker:

On (date) we received your request to cancel your waiver and participate in premium conversion. Your request to cancel your waiver was submitted as an open season request but the request was submitted after the open season timeframe. The reason you cited for the late request for cancellation of waiver was that you were out of town and missed the due date.

(Cite the regulation(s)) e.g., Title 5, Code of Federal Regulations, section 890.301(f) states the timeframe in which the open season is held each year. Section 890.301(c) states that when an employing office determines that an employee was unable, for cause beyond his or her control, to submit an open season change within the time limits, the employing office may allow the employee to make a belated election. The reason you provided does not appear to be “cause beyond your control.” Therefore, your request for belated enrollment is denied

You may request reconsideration of our decision to deny your cancellation of waiver to participate in premium conversion by writing to the Defense Civilian Personnel Management Services (DCPMS). Your request must be in writing and submitted within **30 calendar days** from the date of our letter of denial. Failure to comply with the time limit may result in the dismissal of your request. A facsimile of your request may be submitted for meeting the time limit, however, the original request must be received before final action will be taken.

Your letter must include your name, address, date of birth, Social Security number, name of carrier, and reason(s) for the request. In addition, a copy of our letter of denial must be attached. Your request for reconsideration should be sent to Defense Civilian Personnel Management Services, Field Advisory Services Division, Attn: DoD Insurance Officer, 1400 Key Blvd., Suite B-200, Arlington, VA 22209-5144. The telephone number for facsimile transmission is DSN 426-4705 or 703-696-4705.

Please contact (name and telephone number of agency representative) if you need further information.

Sincerely,

Attachment 6